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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,334	03/17/2004	Cindy M. Lux	CL001-US	3731

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MAINE & ASMUS
100 MAIN STREET
P O BOX 3445
NASHUA, NH 03061-3445

EXAMINER	
PASS, NATALIE	

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 09/10/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/802,334	LUX, CINDY M.	
	Examiner	Art Unit	
	Natalie A. Pass	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *17 March 2004*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-29* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-29* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date *07/16/2004*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the application filed 17 March 2004. Claims 1-29 are pending.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the m3anner in which the invention was made.

3. Claims 1-18, 20-23, 25-29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Burko, U.S. Patent Application Publication 20020156672 A1, in view of Sugiyama, European Patent Application EP 0 696 006 A2.

(A) As per claim 1, Burko teaches a patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider (Burko; paragraph [0015], paragraphs [0060]-[0061], comprising:

a patient identification mechanism adapted to uniquely identify a patient to selectively access information from the system relating to the customer (reads on so that information relevant to that patient can be retrieved from a database) (Burko; see at least Figure 3, Item 98, paragraph [0015], paragraph [0049], paragraph [0061]);

a user interface that presents the retrieved information to the patient and allows the patient to selectively access information from the system relating to the customer or selectively update information managed by the system (reads on to update the information as necessary, thereby maintaining current patient information in the database) (Burko; see at least Figure 5, Item 168, paragraph [0015]); and

an insurance plan identification mechanism adapted to identify insurance plan information including a payor associated with the patient, thereby maintaining current insurance information in the database (Burko; see at leas paragraph [0048], paragraph [0054], paragraph [0058], paragraph [0069]).

Burko fails to explicitly disclose

a data interface that enables the healthcare provider to form an electronic communication link with the payor to confirm the patient's eligibility for coverage by the payor, based on the identified insurance plan information; and

an insurance card scanner adapted to generate an image of each side of an insurance card associated with the patient for storage in the database.

However, the above features are well-known in the art, as evidenced by Sugiyama.

In particular, Sugiyama teaches

a data interface that enables the healthcare provider to form an electronic communication link with the payor to confirm the patient's eligibility for coverage by the payor, based on the identified insurance plan information (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51); and

an insurance card reader (reads on scanner) adapted to generate an image of each side of an insurance card associated with the patient for storage in the patient's master file (reads on database) (Sugiyama; see at least column 4, lines 8-48, column 5, line 50 to column 6, line 6).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the kiosk system of Burko to include a data interface that enables the healthcare provider to form an electronic communication link with the payor to confirm the patient's eligibility for coverage by the payor, based on the identified insurance plan information, and an insurance card scanner adapted to generate an image of each side of an insurance card associated with the patient for storage in the database as taught by Sugiyama, with the motivations of providing an automatic patient reception system that checks the validity of health insurance cards without requiring human assistance (Sugiyama; column 1, lines 42-46).

(B) As per claims 2-8, Burko and Sugiyama teach a system as analyzed and disclosed in claim 1 above further comprising:

an output device adapted to provide a receipt relevant to the patient's appointment, the receipt including at least one of patient name, unique patient identifier, insurance payor name, plan name or type, patient insurance member number, eligibility confirmation, and office co-pay amount (Sugiyama; see at least Abstract, column 1, line 50 to column 2, line 11);

wherein the patient identification mechanism includes one of a barcode scanner and a card reader (Burko; paragraphs [0032]-[0035]), (Sugiyama; Abstract, column 2, lines 2-11);

wherein the user interface includes an input interface such as a touch screen graphical user interface that allows the patient to interact with the kiosk system (Burko; Figure 5, paragraph [0060]-[0061]), (Sugiyama; column 4, lines 48-51);

wherein the insurance plan identification mechanism includes one of a barcode scanner and a card reader (Burko; paragraphs [0032]-[0035]), (Sugiyama; Abstract, column 2, lines 2-11);

wherein the data interface forms part of an electronic data interchange (EDl) between the healthcare provider and the payor (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51);

a processor in communication with one or more of the patient identification mechanism, the user interface, the insurance plan identification mechanism, the data interface, and the insurance card scanner, wherein the processor is configured for controlling functionality of the kiosk system (Burko; see at least paragraph [0029]-[0032]); and

wherein the kiosk system is coupled to a network that includes at least one of a front desk workstation and a billing workstation, with each workstation having access to the database (Burko; see at least Figure 1, Figure 3, paragraph [0037]).

The motivations for combining the respective teachings of Burko and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(C) As per claims 9-11, Burko and Sugiyama teach a system as analyzed and disclosed in claim 1 above

wherein the kiosk system is coupled to a network that includes a server that communicatively couples the database to the kiosk system (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the server communicatively couples the database and the kiosk system to a billing system associated with the healthcare provider (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the data interface operates in conjunction with the server and the billing system to form the electronic communication link between the healthcare provider and the payor to confirm the patient's eligibility for coverage (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51).

(D) Claim 12 differs from claim 1 in that it is a patient registration kiosk system that includes an output device adapted to provide a paper receipt rather than a patient registration kiosk system that does not include such a device.

As per claim 12, Burko and Sugiyama teach a patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider, comprising:

a barcode scanner or card reader adapted to uniquely identify a patient to selectively access information from the system relating to the customer (reads on so that information relevant to that patient can be retrieved from a database) (Burko; see at least paragraph [0015], paragraph [0049], paragraphs [0032]-[0035], paragraph [0061]), (Sugiyama; Abstract, column 2, lines 2-11);

a user interface that presents the retrieved information to the patient and allows the patient to selectively access information from the system relating to the customer or selectively update information managed by the system (reads on update the information as necessary, thereby maintaining current patient information in the database) (Burko; see at least Figure 5, Item 168, paragraph [0015]);

a card reader adapted to identify insurance plan information including a payor associated with the patient, for storage in the patient's master file (reads on thereby maintaining current insurance information in the database) (Sugiyama; see at least column 4, lines 8-48, column 5, line 50 to column 6, line 6);

a data interface that allows the healthcare provider to confirm the patient's eligibility for coverage by the payor based on the identified insurance plan information (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51);

an insurance card reader (reads on scanner) adapted to generate an image of each side of an insurance card associated with the patient for storage in the patient's master file (reads on for storage in the database) (Sugiyama; see at least column 4, lines 8-48, column 5, line 50 to column 6, line 6); and

an output device adapted to provide a paper receipt relevant to the patient's appointment, the receipt including at least one of patient name, unique patient identifier, insurance payor name, plan name or type, patient insurance member number, eligibility confirmation, and office co-pay amount (Sugiyama; see at least Abstract, column 1, line 50 to column 2, line 11).

The motivations for combining the respective teachings of Burko and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(E) As per claims 13-16, Burko and Sugiyama teach a system as analyzed and disclosed in claim 12 above

wherein the user interface includes an input interface such as a touch screen graphical user interface that allows the patient to interact with the kiosk system (Burko; Figure 5, paragraph [0060]-[0061]), (Sugiyama; column 4, lines 48-51);

further comprising a processor in communication with one or more of the barcode scanner, the user interface, the card reader, , the data interface and the insurance card scanner, wherein the processor is configured for controlling functionality of the kiosk system (Burko; see at least paragraph [0029]-[0032]);

wherein the kiosk system is coupled to a network that includes at least one of a front desk workstation and a billing workstation, with each workstation having access to the database (Burko; see at least Figure 1, Figure 3, paragraph [0037]); and

wherein the kiosk system is coupled to a network that includes a server that communicatively couples the database, the kiosk system, and a billing system associated with the healthcare provider, wherein the data interface operates in conjunction with the server and the billing system to form a communication link between the healthcare provider and the payor to confirm the patient's eligibility for coverage (Burko; see at least Figure 2, paragraphs [0039]-[0044]), (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51).

(F) Claim 17 differs from claim 1 in that it is a patient registration kiosk system that does not include an insurance card scanner rather than a patient registration kiosk system that includes an insurance card scanner.

As per claim 17, Burko and Sugiyama teach a patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider (Burko; paragraph [0015], paragraphs [0060]-[0061], comprising:

a patient identification mechanism adapted to uniquely identify a patient to selectively access information from the system relating to the customer (reads on so that information relevant to that patient can be retrieved from a database) (Burko; see at least Figure 3, Item 98, paragraph [0015], paragraph [0049], paragraph [0061]);

a user interface that presents the retrieved information to the patient and allows the patient to selectively access information from the system relating to the customer or selectively update information managed by the system (reads on to update the information as necessary, thereby maintaining current patient information in the database) (Burko; see at least Figure 5, Item 168, paragraph [0015]);

an insurance plan identification mechanism adapted to identify insurance plan information including a payor associated with the patient, thereby maintaining current insurance information in the database (Burko; see at leas paragraph [0048], paragraph [0054], paragraph [0058], paragraph [0069]); and

a data interface that enables the healthcare provider to confirm the patient's eligibility for coverage by the payor, based on the identified insurance plan information (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51).

The motivations for combining the respective teachings of Burko and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(G) As per claims 18, 20-23, 25, Burko and Sugiyama teach a system as analyzed and disclosed in claim 17 above

wherein the kiosk system is coupled to a network that includes a server that communicatively couples the database to the kiosk system (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the server has electronic access to sample insurance card images associated with one or more payors (Sugiyama; Figure 1, Figure 2, column 4, lines 3656, column 6, lines 34-42);

wherein at least one of a network and a server communicatively couple the database and the kiosk system to a billing system associated with the healthcare provider (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the data interface operates in conjunction with the server and the billing system to establish electronic communication between the healthcare provider and the payor to confirm the patient's eligibility for coverage (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51);

wherein the kiosk system is coupled to a network that includes at least one of a front desk workstation and a billing workstation, with each workstation having access to the database (Burko; see at least Figure 1, Figure 3, paragraph [0037]); and

wherein at least one of the workstations is adapted to provide a split-screen display that allows a staff member of the healthcare provider to compare images of an insurance card associated with the patient with sample insurance card images provided by the payor (Sugiyama; column 3, lines 13-20, column 6, lines 33-42).

(H) As per claims 26-29, Burko and Sugiyama teach a system as analyzed and disclosed in claim 17 above

further comprising a payment-intake mechanism configured to receive payment including at least one of a co-pay and an outstanding balance associated with the patient (Burko; see at least paragraph [0058]-[0059];

wherein the data interface further allows the healthcare provider to confirm a co-pay associated with the patient (Burko; see at least paragraphs [0058]-[0059];

wherein the data interface further allows the healthcare provider to confirm particular plan benefits associated with the patient (Burko; see at least paragraph [0069]; and

wherein the identified insurance plan information further includes a specific plan associated with the patient (Burko; see at least paragraph [0048], paragraph [0054], paragraph [0058]).

4. Claims 19, 24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Burko, U.S. Patent Application Publication 20020156672 A1, and Sugiyama, European Patent Application EP 0 696 006 A2 as applied to claim 18 above, and further in view of Labelle et al., U.S. Patent Application Publication 20020120476 A1.

(A) As per claim 19, Burko and Sugiyama teach a system as analyzed and disclosed in claim 18 above.

Burko and Sugiyama fail to explicitly disclose a system wherein the server has electronic access to current payor provider manuals.

However, the above features are well-known in the art, as evidenced by Labelle.

In particular, Labelle teaches a system wherein the server has electronic access to current payor provider manuals (Labelle; see at least Figure 1, paragraph [009], paragraphs [0022]-[0023], paragraphs [0025]-[0027], paragraph [0032]).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the system of Burko and Sugiyama to include wherein the server has electronic access to current payor provider manuals, as taught by Labelle, with the motivations of assisting potential purchasers of insurance to be able to go to one location or website, input information, and receive quotes for insurance from a plurality of competing insurance companies, assisting insurance companies offering competitive products to be able to advertise and communicate more efficiently and effectively with customers looking for their products and services, assisting insurance brokers or agents to be able to more efficiently sell a variety of insurance products from a plurality of insurance companies. (Labelle; see at least paragraph [0005]).

(B) As per claim 24, Burko, Sugiyama and Labelle teach a system as analyzed and disclosed above

wherein each workstation has electronic access to current versions of payor provider manuals and sample insurance card images (Labelle; see at least Figure 1, paragraph [009], paragraphs [0022]-[0023], paragraphs [0025]-[0027], paragraph [0032]), (Sugiyama; Figure 1, Figure 2, column 4, lines 3656, column 6, lines 34-42).

The motivations for combining the respective teachings of Burko, Sugiyama and Labelle are as given in the rejection of claim 19 above, and incorporated herein.

Conclusion

5. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied references Mitcham, U.S. Patent Number 5, 537, 315, Swor et al., U.S. Patent Number 6, 148, 297, Wright, et al., U.S. Patent Application Publication US 2002/0046061A1, Fiala, et al., U.S. Patent Application Publication US 2003/0220822 A1, Samaquial, U.S. Patent Application Publication US 2003/0120513 A1, and the article teach the environment of patient kiosk systems.

Mitcham, U.S. Patent Number 5, 537, 315, teaches a method and apparatus for issuing insurance from a kiosk.

Swor et al., U.S. Patent Number 6, 148, 297, teaches a health care information and data tracking system and method.

Wright, et al., U.S. Patent Application Publication US 2002/0046061A1, teaches a personal information system.

Fiala, et al., U.S. Patent Application Publication US 2003/0220822 A1, teaches a medical information registration and retrieval apparatus and method.

Samaquial, U.S. Patent Application Publication US 2003/0120513 A1, teaches a method of facilitating access to remote health-related services.

Healthcare Applications. June 2000. Touchvision Interactive Systems Website. [Retrieved on August 31, 2004]. Retrieved from the Internet: URL: <http://web.archive.org/web/20000613092210/www.touchvision.com/health.html>.

6. Any response to this action should be mailed to:

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or faxed to: **(703) 305-7687.**

For informal or draft communications, please label "PROPOSED" or "DRAFT" on the front page of the communication and do NOT sign the communication.

After Final communications should be labeled "Box AF."

Hand-delivered responses should be brought to Crystal Park 5, 2451 Crystal Drive, Arlington, VA, Seventh Floor (Receptionist).

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (703) 305-3980. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

8. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (703) 305-9588. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (703) 308-1113.

9. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

NP

Natalie A. Pass

September 2, 2004

ALEXANDER KALINOWSKI
PRIMARY EXAMINER